



City of Long Beach
Planning & Building Department
333 W. Ocean Blvd., 4th Floor
Long Beach, CA 90802
(562) 570-6651 Fax: (562) 570-6753

Electrical Permit Application

APP-011 ver. 01.09.27

PLEASE PRINT CLEARLY				Project No.		Approved for PC Only	
1. PROJECT ADDRESS (NOT MAILING ADDRESS)				SUITE/UNIT NO.		DATE / /	
2. APPLICANT LAST NAME-FIRST NAME				PLEASE CHECK <input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE / TENANT <input type="checkbox"/> AGENT FOR <input type="checkbox"/> DESIGNER <input type="checkbox"/> CONTRACTOR			
3. APPLICANT MAILING ADDRESS				E-MAIL ADDRESS			
4. CITY-STATE		ZIP		PHONE		FAX	
5. CONTRACTOR LAST NAME-FIRST NAME				STATE LICENSE NO. & TYPE			
6. CONTRACTOR MAILING ADDRESS				E-MAIL ADDRESS			
7. CITY-STATE		ZIP		PHONE		FAX	
8. CONTACT PERSON LAST NAME-FIRST NAME							
9. CONTACT PERSON MAILING ADDRESS				E-MAIL ADDRESS			
10. CITY-STATE		ZIP		PHONE		FAX	
11. DESCRIPTION OF WORK							
NUMBER		TYPE FIXTURE OR ITEM		NUMBER		TYPE FIXTURE OR ITEM	
_____		SERVICE 1-200 AMPS		_____		SERVICE 201-400 AMPS	
_____		SERVICE <600 VOLTS >1000 AMPS		_____		SERVICE >600 VOLTS	
_____		SWITCHBOARD (SB) <=600V		_____		SWITCHBOARD (SB) ADD'L SEC. <=600V	
_____		SWITCHBOARD (SB) ADD'L SEC. >600V		_____		PANELS	
_____		LIGHT STANDARD		_____		RECEPTICALS, SWITCHES, FIXTURES, & FIXTURE OUTLETS	
_____		NEW RESIDENTIAL SQUARE FEET**		_____		TEMP POWER POLE *	
_____		CIRCUITS 31-50		_____		CIRCUITS 51-100	
_____		BUSWAY <=99 AMPS		_____		BUSWAY 100-400 AMPS	
_____		MOTOR, GENERATOR &		_____		MOTOR (MGA) <=1 HP	
_____		APPLIANCES (MGA) 11-50 HP		_____		MOTOR (MGA) 51-100 HP	
_____		MOTOR (MGA) >100 HP		_____		1 SIGN, 1 CIRCUIT	
* TEMP POLE IN MOST CASES REQUIRES AN ELECTRICAL SERVICE				**TOTAL SQUARE FEET OF LIGHTED AREA		NOTE: ELECTRIC WATER HEATER REQUIRES 1 CIRCUIT & 1 APPLIANCE	
12. OCCUPANCY GROUP		TYPE OF CONSTRUCTION		CBC EDITION USED		NO. OF STORIES	
						CHANGE OF OCCUPANCY	
						FROM: TO:	
13. TOTAL SQUARE FEET OF THIS PROJECT							
COMM.		RES.		GAR.		MISC.	
14. VALUATION OF WORK COVERED BY THIS APPLICATION		NO. OF DWELLING UNITS		PRESENT USE		PROPOSED USE	
\$							
15. FIRE SPRINKLERS		16. FIRE ALARM SYSTEMS		17. FIRE STANDPIPES			
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
18. I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.						ISSUED BY (INITIALS)	
SIGNATURE:				DATE:			
FOR DEPARTMENT USE ONLY							
ZONE	SPECIAL SETBACK	SETBACKS F	S	R	CF TO PL	PAGE NO.	ZONING APPROVED <input type="checkbox"/> INT
							PLANNING STAMP REQUIRED <input type="checkbox"/>
NOTIFY THE CASHIER WITH ONE OF THE FOLLOWING:							
<input type="checkbox"/> Contractor with Workers' Compensation				<input type="checkbox"/> Contractor without Workers' Compensation			
<input type="checkbox"/> Developer with Workers' Compensation				<input type="checkbox"/> Developer without Workers' Compensation			
<input type="checkbox"/> Owner with Workers' Compensation				<input type="checkbox"/> Owner without Workers' Compensation			
Workers' Compensation Company Name				Expiration Date / /		Policy No.	
This information is available in alternative format by request to the Development Services Center at (562) 570-6651 or (562) 570-6793 TDD. Visit our website at www.ci.long-beach.ca.us/plan							